FEDERAL COMMUNICATIONS COMMISSION Washington, DC 20554

Approved by OMB 3060-0076
Est. time per response: 1 hour

COMMON CARRIER ANNUAL EMPLOYMENT REPORT

Year Report Filed Name and Mailing Address of Respondent Huxley Communications Cooperative 102 N. Main Avenue. PO Box 36 SECTION 1 - General Information SECTION II - Full-Time Employees. 2018 Huxley, Iowa 50124 Reporting Period (Ending Date of Pay Period Covered by Report)
 3-31-18 [Please read instructions before completing and for Notice regarding public burden.] 4. Number of Full-Time Employees during Selected
Reporting Period (check one):
a. Fewer than 16 (complete Sections I, IV, and V only)
b. 16 or more (complete all sections) Check here if this is a change of address.

PREVIOUS YEAR TOTAL 11	TOTAL 10	Service Workers 9	Laborers and Helpers 8	Operatives 7	Craft Workers 6	Administrative Support 5 Workers	Sales Workers 4	Technicians 3	Professionals 2	First/Mid-Level Officials and 1.2 Managers	Executive/Senior Level 1.1 Officials and Managers				Categories	Job	
0	0						-			,,,		>	Male		_ <u>#</u>		
0	0											В	Female		Hispanic or Latino		
12	12				ω			O1	_	2	_	c	White				
0	0											0	Black or African American				
0	0											m	Native Hawaiian or Other Pacific Islander	3			
0	0											71	Asian	Male			
0	0											G	American Indian or Alaska Native				Num (Report empl
0	0											I	Two or more races		Not-Hispanic or Latino	Race/Ethnicity	Number of Employees (Report employees in only one category)
4	4					ω				_		_	White		ic or Latino		yees one category
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16	16	0	0	0	ω	ω	0	ഗ്വ	_	ω	_	0		Columns A - N	Total		

SECTION III - Part-Time Employees.	oloyees.															
								Report empl	Number of Employees employees in only one ca	Number of Employees (Report employees in only one category)						
Job	_								Race/Ethnicity	у						
Categories		Hispanic or	nic or						Not-Hispar	Not-Hispanic or Latino						Total
		Lauijo	100			3	Male					Fen	Female			Columns A - N
		Male	Female	White	Black or African American	Native Hawaiian or Other Pacific	Asian	American Indian or Alaska Native	Two or more races	White	Black or African American	Native Hawaiian or Other Pacific	Asian	American Indian or Alaska Native	Two or more races	2
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Executive/Senior Level Officials and Managers	=======================================															0
First/Mid-Level Officials and Managers	1.2															0
Professionals	2															0
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Sales Workers	4															0
Administrative Support Workers	ڻ ن															0
Craft Workers	<u></u>															0
Operatives	7															0
Laborers and Helpers	∞															0
Service Workers	9															0
TOTAL	10	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
PREVIOUS YEAR TOTAL	=======================================	0	0	0	0	0	0	0	0		0	0	0	0	0	_
This is to advise the Commission that no complaints regarding violations of the equal employment provisions of Federal, state, territorial, or local statutes have been filed against this company before any body having competent jurisdiction in such matters during the calendar year covered by this report. This is to advise the Commission that the following complaints alleging violations of the provisions of any equal employment opportunity statute have been filed against this company. (Attach a list indicating parties involved, date filed, courts or agencies before which the matter has been heard, file number or other designation, and current status or disposition.	the Com any body the Com the Com	on Compla mission tha / having cor mission tha rrties involve	t no complair t no complair npetent jurisu t the following ed, date filed	nt to 47 CFR ts regarding diction in suclidication in suclidication in suclidication in suclidication in suclidication in suclidication in succession in su	violations of a violations of the matters dur alleging violations before	the equal empthe equal empthe equal empthe calencing the calencitions of the properties which the max	1.4, and 101. loyment provelar year covel ovisions of an atter has been	311. isions of Feds ed by this rep y equal empl heard, file nu	eral, state, ten ort. oyment oppor	ritorial, or loca tunity statute	I statutes have been fill and current to	e been filed a ed against this	gainst this company.			
SECTION V - Certification I certify that to the best of my knowledge, information, and belief, all statements in this report are true and correct.	knowled	ge, informat	ion, and beli	ef, all stateme	ents in this re	port are true a	nd correct.		>							
Date 5-25-2018	Typed o	Typed or Printed N Gary A. C	Typed or Printed Name of Person Signing Gary A. Clark	on Signing			Signature	stu 1	Car.	10			Telephone No. 515-597	Telephone No. 515-597-2281		
Title of Person Signing General Manager					WILLFULLY OF ANY ST,	WILLFULLY FALSE STATEMENTS MADE ON THIS FORM ARE PUNISHABLE BY OF ANY STATION LICENSE OF CONSTRUCTION PERMIT (47 U.S.C. 312 (A)(1)	SE OR GON	STRUCTION	FORM ARE I	PUNISHABLE J.S.C. 312 (A)	(1) AND/OR	D/OR IMPRIS	ONMENT (1) (47 U.S.C. 5	8 U.S.C. 1001 03).	/ FINE AND/OR IMPRISONMENT (18 U.S.C. 1001) AND/OR REVOCATION AND/OR FORFEITURE (47 U.S.C. 503).	VOCATION